SENDER: *COMPLETE THIS SECTION*

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

Thomas C. Retzlaff
2402 E. Esplanade Ln.
PO Box 46424
Phoenix, AZ 85063-6424

9590 9402 5303 9154 9810 57

1:20-mc-657-LY   #25

2. Article Number *(Transfer from service label)*

7017 1000 0000 1012 1708

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X _____
☐ Agent
☐ Addressee

B. Received by (Printed Name)   C. Date of Delivery

7/13/20

D. Is delivery address different from item 1?   ☐ Yes
If YES, enter delivery address below: ☐ No

JUL 13 2020

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☐ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Insured Mail
☐ Insured Mail Restricted Delivery (over $500)

☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053   Domestic Return Receipt

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USPS TRACKING #

9590 9402 5303 9154 9810 57

United States
Postal Service

First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

Sender: Please print your name, address, and ZIP+4® in this box•

RECEIVED

JUL 2 0 2020

CLERK U.S.
WESTERN DIS
BY_____
DEPUTY

Clerk, U.S. District Court
501 W. 5th Street, Suite 1100
Austin, Texas 78701